PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/305,898

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	1
TOTAL CLAIMS								RATE FEE			RATE	FEE
FOR			NUMBER FILED N		NUMB	MBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	β minus 20= *					X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	/ minus 3 = *					X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PR	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	ı	TOTAL	320-	OR	TOTAL		
CLAIMS AS AMENDED - PART II							- See .	. ,	- American	OTHER THAN		
		(Column 1)				(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		or	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+140=	Start Commenced	ÓR	÷280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							4				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	11	X42=	• • • • • • • • • • • • • • • • • • •	OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╵╏	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ' '	11	X\$ 9=	ታ የኒኒክ ትቲው !	ÖŘ	:°X\$18≅ ·	
	Independent	*	Minus	***		<u> </u>	11	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDEN	CLAIM		J	+140=	· ,	1.8.2	+280=	N 1 3
* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.								OR OR	TOTAL			
** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Numb r Pr viously Paid For" (Total or Ind p indent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

1998

Ellective December 29, 1999									\sum	5-50	
		CLAIMS AS	(Column 2)			MALL	ENTITY	OR	OTHER SMALL		
F	OR	NUMBE	NUMBER I	NUMBER EXTRA			FEE]	RATE	FEE	
BASIC FEE					••			345.00	OR		690.00
Ţ	TOTAL CLAIMS minus 20= *					×	(\$ 9=		OR	X\$18=	414
IN	INDEPENDENT CLAIMS minus 3 = *						X39=		OR	X78=	ريسي
М	MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
•	* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	da
CLAIMS AS AMENDED - PART II (Celumn 1) (Column 2) (Column 3)						, Si	SMALL ENTITY			OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	Maria s	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	х	\$ 9=		OR	X\$18=	
AME	шерешен	**************************************	Minus	***	=	X	39=		OR	X78=	
H	FIRST PRESEN		ILIPLE DEP	ENDENT CLAIM	J	+	130=		OR	+260=	
						. 400	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column 3)							,	10011.1 221	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	- [/]	Minus	43	=	X	\$ 9=		OR	X\$18=	
AME	Independent	TATION OF MI	Minus	PENDENT CLAIM	=	- $ x$	39=		OR	X78=	
	rinoi raesel	TATION OF ME	JET IF LE DEF			+	130=		OR	+260=	
						ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
·		(Column 1)		(Column 2)	(Column 3)						
ENTC	Calcal Lat Value Burkel Str. Like Laborite is	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 49	Minus	. 43	= 6	Х	\$ 9= ·	54	OR	X\$18=	108
AMENDMENT	Independent	. 3	Minus	*** 3	=	X	39=		OR	X78=	-
F	FIRST PRESEN	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM			130=		OR	+260=	
1	If the entry in colum	nn 1 is less than th	ne entry in colu	mn 2, write "0" in ∞	lumn 3.	<u> </u>	TOTAL	51/		TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875 (Rev. 12/99)